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MN012201. Cowan Named Navy SG, Chief of BUMED  
Secretary of Defense Donald H. Rumsfeld announced the President has nominated RADM Michael L. Cowan, MC, for appointment to the grade of Vice Admiral and assignment as Navy Surgeon General and Chief of the Bureau of Medicine and Surgery.

He will be the Navy's 34th Surgeon General.

Cowan now serves as deputy executive director, TRICARE Management Activity in the office of the Secretary of Defense.

Raised in Fort Morgan, CO, he did his undergraduate studies at the University of Colorado in Boulder, and received his M.D. in 1969 from Washington University of Medicine in St. Louis, MO. His postgraduate training began at Temple University Hospital and was completed at the National Naval Medical Center, Bethesda, MD. He is board certified in Internal Medicine, a diplomate and certified physician executive in the American College of Physician Executives.

Cowan entered naval service as a general medical officer at Camp Lejeune, NC, in 1971, and was promoted to flag rank while serving as commanding officer at the same hospital in 1996. During his career, he has held a wide variety of clinical research, operational, staff, and leadership positions.

VADM Richard A. Nelson, MC, is the current Navy Surgeon General. A change of command ceremony will be held at the Washington Navy Yard in Washington, DC on Friday, Aug. 10 at 2 p.m.

Nelson entered the Navy in 1967.

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MN012202. SG Visits Navy Medicine in Japan

By Bill Doughty, U.S. Naval Hospital Yokosuka, Japan

Yokosuka, JA - Navy Surgeon General VADM Richard A. Nelson, MC, toured medical facilities in Japan recently, meeting with and speaking to hundreds of corpsmen, nurses, doctors, dental technicians, dentists, and other healthcare providers.

Nelson visited and toured U.S. Naval Hospital Yokosuka, U.S. Naval Dental Center Far East, Branch Medical Clinic Astugi, and the wellness center at the Fleet Recreation Center before heading south to Okinawa. At each stop, he talked about quality medical care for beneficiaries, career opportunities in Navy medicine, recruiting, and retention.

LCDR Richard Quattrone, MC, head of the primary care clinic at the hospital in Yokosuka, said the Surgeon General's visit was a great way to show that he cared about the "internal customer" - corpsmen, nurses, administrators and doctors - and that he was concerned about what was necessary to improve their work and personal lives.

"Although the SG works within the beltway, he seemed to really understand the issues and concerns we have here where the rubber meets the road," Quattrone said.

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MN012203. Excellence in Health Promotion Awards Announced

By Sally Vickers, Navy Environmental Health Center

Norfolk, VA - The Navy Environmental Health Center, Norfolk, VA, recognized the health promotion programs of thirty-three Navy and Marine Corps commands last month with 2001's Command Excellence in Health Promotion Awards.

Established in 1995, the awards recognize Navy and Marine Corps commands that have effective health promotion programs tailored to their populations. The commands tackle such health issues as nutrition, weight management, physical activity, injury prevention, stress management, tobacco cessation, suicide prevention, and sexual health and responsibility.

The awards are given on three achievement levels. Twenty commands received a Gold Star award, the highest level; nine received a Silver Eagle award, the next level; and four received a Bronze Anchor award, which recognizes program growth.

Gold Star award winners are: Branch Medical Clinic and Naval Station Everett, WA; Branch Medical Clinic Washington (DC) Navy Yard; Bureau of Medicine and Surgery, Bethesda, MD; Marine Corps Air Station Cherry Point, SC; Naval Air Reserve Center Minneapolis, MN; Naval Medical Center and Marine Corps Community Services Quantico, VA; Naval Operational Medicine Institute, Pensacola, FL; Naval Training Center Great Lakes, IL; Naval Hospital Bremerton, WA; Naval Hospital Pensacola, FL; Naval Medical Clinic Pearl Harbor, HI; Regional Support Organization San Diego; Shore Intermediate Maintenance Activity Mayport, FL; U.S. Naval Hospital Roosevelt Roads, PR; U.S. Naval Hospital Rota, SP; U.S. Naval Hospital Yokosuka, JA; USS BOXER (LHD 4); USS CLEVELAND (LPD 7); USS ENTERPRISE (CVN 65) and USS JOHN F. KENNEDY (CV 67).

Silver Eagle award winners are: Naval Dental Center Mid-

Atlantic, Norfolk, VA; Naval Hospital Camp Lejeune, SC; Naval Hospital Oak Harbor, WA; U.S. Naval Hospital Okinawa, JA; U.S. Naval Hospital Sigonella, IT; USS ABRAHAM LINCOLN (CVN 72); USS COMSTOCK (LSD 45); USS ESSEX (LHD 2) and USS GEORGE WASHINGTON (CVN 73).

Bronze Anchor award winners are: Branch Medical Clinic NAS Brunswick, ME; Naval Branch Medical Clinic Naval Air Facility Washington, D.C.; Naval Education and Training Center Newport, RI; and Shore Intermediate Maintenance Activity Norfolk, VA.

For more information about submitting an awards package for 2002, contact Sally Vickers, health promotion awards program manager, at vickerss@nehc.med.navy.mil.

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MN012204. DoD Seeks to Mend Looming Rift in Blood Donor Rules  
By Rudi Williams, American Forces Press Service

Washington, DC - DoD is working behind the scenes to create a national standard for collecting blood as the American Red Cross prepares to adopt new donor rules in September.

Red Cross officials have said the rules stem from concerns about the spread of "mad cow" disease in Europe. The Red Cross plans not to take donations from persons who, at any time since 1980, spend or have spent a cumulative three months or more in the United Kingdom, or a cumulative six months or more in any one or more European countries, or received a blood transfusion in the United Kingdom.

DoD and the Red Cross currently follow the Food and Drug Administration's lead, according to Army Col. Mike Fitzpatrick, director of the Armed Services Blood Program. He said the policy for the past two years has been to defer persons indefinitely as donors if they resided in the United Kingdom between 1980 and 1996 for a cumulative six months or more.

The current deferral rule affects 5 percent or less of DoD's donor population worldwide, he estimated. Implementing the Red Cross' new policy throughout Europe would make about 25 percent of the active duty force ineligible to donate blood, he said.

DoD will continue to follow the FDA guidelines.

He said department officials believe the best solution is a national standard for blood donors. DoD, FDA, Human and Health Services and Red Cross officials are working to establish a mutually agreed standard, he noted.

"We've prepared draft guidance and are waiting (for) the final determination. ... We need to know that before we do anything," the colonel said. "Because of the way the FDA regulates us, it's going to require time to train people, put together standard operating procedures and a recruitment campaign to get donors - that's why it's taking the Red Cross until September. We'll have to do the same things, but we can't train anyone until we know what we're training them for."

DoD meets its needs using today's donor standards, he said. Even using the Red Cross' more restrictive policy, "We still think we could collect the blood we need within DoD by increasing recruitment efforts, command sponsorship and command emphasis on

the need to donate blood," he said.

DoD collects about 100,000 units of blood per year. It must maintain that rate to have enough blood for troops in Kosovo, Bosnia and other areas where safe supplies would be hard to find and tap, Fitzpatrick said.

Everyone wants to be as cautious as possible, he said.

"With all the testing and screening we're doing to blood donors, the blood supply is the safest it has ever been," he said. "So, it's safe to give and receive blood." But there are questions about what's reasonable and necessary.

The incurable, always-fatal "mad cow" disease is caused by an infectious protein that destroys the victim's nervous system. Brain tissues literally turn spongy and shut down. Called variant Creutzfeldt-Jakob disease in humans, the disorder usually kills within 18 months of the onset of symptoms.

Fitzpatrick said there's no evidence the disease is or even can be transmitted through a blood transfusion. To date, fewer than 100 cases of variant CJD have been reported since it was identified, and none was the result of a blood transfusion.

The only way the evidence today points to humans contracting variant CJD is by being unusually susceptible to it and eating infected meat. The infectious protein that triggers variant CJD, however, is known to be able to hide for 15 years or more in lymphatic tissue, the appendix, stomach, spleen, white cells, and in the blood at low levels, he said.

At this time, no blood test exists to detect the presence of the infectious protein, he noted.

The DoD veterinarians responsible for the wholesomeness of foods in military systems have determined that service members and their families face little risk of contracting variant CJD, he said.

Deployed service members are at less risk than casual travelers in Europe because military personnel often eat either MREs (Meals, Ready to Eat) or food from military supply channels, which don't buy meat from the United Kingdom, the colonel noted.

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MN012205. Brady, Conlin Win Gray Research Awards

By Doris Ryan, Bureau of Medicine and Surgery

San Diego - LCDR(s) Jeff Brady, MC, and LCDR Ava Conlin, MC, were presented with the CAPT Gregory Gray Award for Operational Research at the 41st Navy Occupational Health and Preventive Medicine Workshop held in San Diego.

The award, sponsored by the Naval Health Research Center in San Diego, and the Navy Environmental Health Center (NEHC) in Norfolk, is presented annually to junior medical researchers based on three criteria - research quality, operational relevance, and oral defense of the research before a rigorous scientific review panel.

Brady is assigned to Navy Environmental & Preventive Medicine Unit No. 5 in San Diego. He received the award for his team's work studying disease and non-battle injuries of forty-two forward-deployed ships.

Conlin, assigned to Navy Environmental and Preventive Medicine Unit No. 5 in San Diego, received the award for her study on the use of ultraviolet air cleaning units to reduce respiratory illness in recruit training barracks.

CAPT Gregory Gray, MC, one of the Navy's most renown medical researchers, chartered the Operational Research awards five years ago to increase the awareness of biomedical research in the operational environment and to encourage junior researchers. This year, the awards were renamed the CAPT Gregory Gray Awards as a tribute to the researcher, who retired last month.

Gray was the first director of the DoD Center for Deployment Health Research at the Naval Health Research Center. He is best known for establishing the Navy Respiratory Disease Laboratory, and for addressing one of the most difficult questions in military epidemiology, Gulf War illness. His insightful approaches and strong methodology have been published in the leading medical literature.

The competition is open to military personnel, government employees and government contractors who submit research abstracts to the Navy Occupational Health and Preventive Medicine Workshop.

For information on the Gray Awards for 2002, contact CDR(s) Margaret Ryan at ryan@nhrc.navy.mil or DSN 553-8097.

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#### MN012206. NAMRU-2 Helps Combat Malaria Outbreak in Indonesia

Semarang, Indonesia - U.S. Navy Medical Research Unit No. 2, based in Jakarta, is helping the government of Indonesia stem an outbreak of malaria in villages in two regencies in the country.

NAMRU-2 is collaborating with the World Health Organization (WHO) to provide technical assistance to health care professionals in the regencies. Efforts will include spraying insecticide in all homes and distributing treated mosquito nets to residents. Physicians in the area will monitor residents for active cases of malaria and provide medication if needed.

Malaria is a serious, sometimes fatal disease caused by a parasite. WHO estimates that 300 to 500 million cases of malaria occur world wide each year, and about 1 million people die of it. Navy medical researchers are working to find a vaccine to prevent the disease.

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#### MN012207. Summer Changes of Command Scheduled

Changes of command are bringing a number of new faces to Navy military treatment facilities. They include:

- CAPT George R. Hull, DC, is the new commanding officer of Naval Dental Center Parris Island, SC. He relieved CAPT John W. Kirby, DC, on June 1.

- CAPT John E. Shore, MSC, will be the commanding officer of Naval Medical Clinic Annapolis on June 22. He will relieve CAPT Kathleen Morrison, MSC.

- CAPT John H. Fahey, MC, will be the commanding officer, Naval Hospital Great Lakes, IL, on June 28. He relieves CAPT

Elaine C. Holmes, MC.

- CAPT Ralph A. Lockhart, MSC, will be the commanding officer, Naval Hospital Jacksonville, FL, on July 13. He relieves CAPT Barbara K. Vernoski, NC.

- CAPT Kevin J. Gallagher, NC, will be the officer in charge of Naval Ambulatory Care Center New Orleans, LA, on July 31. He will relieve CAPT James L. Ayres, MSC.

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MN012208. Naval Academy Athlete-Scholar Joins Medical Corps

Annapolis, MD - U.S. Naval Academy student-athlete Sandra Smith, ranked number two in the graduating class of 2001, will join the Medical Corps for a career in Navy Medicine.

The order of class ranking is determined by the overall performance of the individual with approximate weighting of 65 percent for academic and professional courses, 10 percent for physical education and athletic performance and 25 percent for professional competency review, examinations, military performance and conduct.

Smith, a native of Apollo, PA, in addition to achieving academic and professional excellence, is a member of the cross country and track teams. She majored in chemistry.

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MN012209. New TRICARE Executive Director Named

The Department of Defense announced today that Thomas F. Carrato became the new executive director of the Department's Tricare Management Activity (TMA).

Under Secretary of Defense for Personnel and Readiness David Chu said of Carrato's selection, "This is great news for the entire Military Health System. Carrato has tremendous executive experience in the Tricare program, and has consistently delivered top results for Tricare over the years. He's the right person to lead TMA into the future."

Carrato has more than 23 years of experience in a variety of health care-related organizations including the U.S. Public Health Service where he holds the rank of assistant Surgeon General (rear admiral, upper half). He was assigned to the Department of Defense from March of 1988 to May 2000, during which time he assumed increasingly more responsibility for Tricare program management. Carrato served as director of Managed Care Operations in Health Services Financing (HSF) during his tenure in the Office of the Assistant Secretary of Defense for Health Affairs. He most recently served as the chief operating officer at TMA, a position he left when he was named regional health administrator for the U.S. Department of Health and Human Services Region IV.

Carrato holds a master's of science degree in accounting from Georgetown University and is a licensed certified public accountant. He holds a master's of social work degree from the University of South Carolina and is a licensed clinical social worker.

The TMA is the organization that oversees the DoD managed

health care program for uniformed services beneficiaries and their families. TMA leaders are responsible for improving and enhancing Tricare worldwide, and for ensuring the availability and affordability of high-quality, accessible health care for uniformed services beneficiaries worldwide. TMA was created in February 1998 as part of the Defense Reform Initiative.

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MN012110. HealthWatch: Asthma: When You Can't Breathe Easy  
By Nicole Deaner, Bureau of Medicine and Surgery

Millions of people suffer from the inability to breathe freely. Asthma is a debilitating, chronic disease that has no age boundaries. Most people who suffer from asthma can lead very normal and productive lives, but require regular medical care from a physician.

Asthma makes it difficult for people to get air in and out of their lungs because breathing tubes become inflamed and narrow.

Asthma attacks may occur as a reaction to pollen, dust, air pollution, smoke, or various other allergens. Heredity may play a role in a person's likeliness to be afflicted with asthma, but doctors cannot pinpoint a specific culprit. Smoking, allergies and medications can exacerbate the problem, but are not necessarily the cause.

A common misconception is that asthma is a psychological reaction to stress. It is now known that this is not the case. Stress can be a trigger effect or cause an individual to have a more severe reaction, but it is not the cause.

Allergies can sometimes induce asthma attacks. To reduce them, take steps to allergy proof your home for dust, mold, insects, and other common allergens. Reduce outdoor activities when pollen counts are high.

Symptoms for asthma can be similar to other problems such as bronchitis, emphysema, lung disease, and heart disease. Common symptoms of asthma include:

- A dry cough at night or in response to specific triggers.
- Shortness of breath - a person has difficulty breathing and feels like they can't get enough air into their lungs.
- Chest tightness in cold weather or while exercising. Chest tightness is a sign that asthma is worsening.
- Wheezing when exhaling.
- Colds that last for more than 10 days.

Asthma can go into long periods of remission. Even in severe cases, people may experience improvement depending on the degree of obstruction in the lung and the timeliness and effectiveness of treatment.

Daily medication may be required to keep asthma under control. Asthma can normally be treated successfully with an inhaler or pills.

A doctor will assist the patient with a treatment plan that will include what to do when you're feeling well and when you're suffering from an attack.

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Navy & Marine Corps Medical News (MEDNEWS) is a weekly compendium of news and information contributed by commands throughout the Navy medical department.

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